## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

NAPLES FL 34103

3. Mailing Address

#202

US

800 SEAGATE DRIVE

## P95000028121 DOCUMENT #

1. Entity Name

Principal Place of Business

2. Principal Place of Business

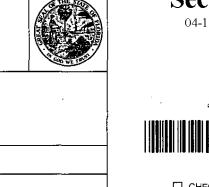
800 SEAGATE DRIVE

NAPLES FL 34103

#202

US

BUSINESS SOLUTIONS OF NAPLES, INC.



## **FILED** Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90077 004 \*\*\*150.00

Suite, Apt. #, etc. Su		Suite, Apt. #, etc.	ite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES				
City & State City		City & State	& State		4. FEI Number or oppose		TAF	plied For	
-					65-0567585		No	ot Applicable	
Zip Country		Zip	Country	5. Certifi	. Certificate of Status Desired		\$8.75 Additional Fee Required		
	6. Name and Address of Current		7. Name and Address of New Registered Agent						
GOBY, SU	JA A		Name Street Addre	ess (P.O. Boy Ni	umber is Not Acceptable)				
800 SEAGAATE DRIVE				Shoot Address (1.5. Box Hamber is Not Acceptable)					
STE 202									
NAPLES F	L 34103	•	City			FL	Zip Cod	е	
± Afte	Signature, typed or printed name of registered agent FILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o		Registered Agent signature red	1	g)  Election Campaign Finan  Trust Fund Contribution.	DATE		May Be	
10. OFFICERS AND DIRECTORS			11.	ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GOBY, SUE A 800 SEAGATE DRIVE #202 NAPLES FL 34103	☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GOBY, RHETT L 800 SEAGATE DRIVE, #202 NAPLES FL 34103	Delete	TITLE  NAME  STREET ADDRESS  "CITY-ST-ZIP	بخسري الغيانة بمست	و ما در		Change	■ Addition	
TITI C		□ Doloto	TITLE				Change	☐ Addition	

∟ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CR2E034 (10/02)